

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
AND SOIL EROSION AND SEDIMENTATION CONTROL (SESC)**

**INSPECTION REPORT**

FILE 108

Completed form to project files — cc: Construction Field Services Division.

**INSTRUCTIONS:**

1. Construction sites must be inspected every 7 days or within 24 hours after a precipitation event that results in a discharge from the site including weekend days regardless if the contractor is working or not.
2. A discharge is defined as storm water runoff that does not infiltrate into the ground and leaves the construction site or enters waters of the state after a precipitation event.
3. Engineering judgement must be used when determining if a discharge from the site has occurred.
4. Corrective actions must be made within 24 hours if sediment has entered waters of the state, left department right-of-way or if public safety may be compromised. Otherwise, corrective actions must be made within 5 calendar days.
5. Inspectors must be Certified Storm Water Operators.
6. Individuals who authorize changes to SESC measures shown on the plans must have a valid comprehensive SESC training certificate.
7. Inspections must continue until the site is stabilized and, if appropriate, the Notice of Termination has been submitted.
8. This form must be used when documenting SESC inspections.

CONTROL SECTION	JOB NUMBER	ROUTE	REPORT NUMBER	INSPECTION DATE
CONSTRUCTION ENGINEER OR MAINTENANCE COORDINATOR		STORM WATER OPERATOR NUMBER	COMPREHENSIVE TRAINING NUMBER	

INSPECTOR NAME (Please print)

CONTRACTOR

AMOUNT, TYPE, & DATE OF LAST PRECIPITATION RESULTING IN DISCHARGE FROM THE SITE

DATE OF LAST INSPECTION

**COMPLETE THIS SECTION FOR WINTER CONSTRUCTION INSPECTIONS**

Winter site inspections must be performed at least once every 30 days during the inactive period as defined in the MDOT SESC Manual if weather conditions are deemed safe for travel.

WEEKLY REPORTING PERIOD	AVERAGE TEMPERATURE	HIGH TEMPERATURE
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LOCATION/ STATION	TYPE OF SESC MEASURE	INSTALLATION DATE	CORRECTIVE ACTION REQUIRED (See Instruction 4)	NOTIFICATION DATE	COMPLETION DATE

**ENTER REMARKS ON PAGE 2**

